

## **MONTANA BOARD OF PHARMACY**

**301 South Park Avenue, 4<sup>th</sup> Floor**

**P. O. Box 200513**

**Helena, Montana 59620-0513**

**(406) 841-2356      FAX (406) 841-2343**

**[dlibspha@state.mt.us](mailto:dlibspha@state.mt.us)**

**[discoveringmontana.com/dli/pha](http://discoveringmontana.com/dli/pha)**

# **GENERAL APPLICATION INFORMATION**

## **DANGEROUS DRUG LICENSE**

### **Manufacture/Distribute**

- License can only be issued to a business who intends to manufacture or distribute in a wholesale fashion, controlled substances into the State of Montana.

### **Dispense**

- License can only be issued in addition to a Certified Pharmacy or Mail Order Service license. Any pharmacy intending to dispense controlled substances in Montana must obtain a Dangerous Drug Dispenser endorsement

### **Analyze/Conduct Research**

- This license can only be issued to an individual intending to conduct research or analyze controlled substances.

## **MAIL ORDER PHARMACY LICENSE**

This license is required by any entity that;

- Is located outside the State of Montana and ships, mails, or delivers a dispensed legend drug to a resident in this state pursuant to a legally issued prescription.
- Provides to a resident of this state information on drugs or devices that may include but is not limited to advice relating to therapeutic values, potential hazards, and uses.
- Counsels pharmacy patients residing in this state concerning adverse and therapeutic effects of drugs.

## **REGISTERED PHARMACIST**

Original State of Licensure/Score Transfer

- Applicants must have graduated from an American Council of Pharmaceutical Education (ACPE) accredited school of pharmacy.
- Applicants are required to pass NAPLEX and MPJE.

#### License Transfer

- Applicants must complete the NABP (National Association of Boards of Pharmacy) license transfer application available at [www.nabp.net](http://www.nabp.net)
- After receiving an official application prepared by NABP the applicant will submit the form to the Montana Board of Pharmacy for approval. Upon approval the applicant will be sent all necessary material for examinations.
- The application for License Transfer is good for one year from the date received in the Board of Pharmacy office.

#### **CERTIFIED PHARMACY**

- Any facility dispensing prescription drugs or medicines must be licensed as a Certified Pharmacy.
- A schematic drawing of the pharmacy area is required with each application for a Certified Pharmacy.
- A Pharmacist-in-Charge must be designated for each Certified Pharmacy. The Pharmacist-in-Charge must hold an active Registered Pharmacist license in the State of Montana. Any change in Pharmacist-in-Charge must be reported in writing to the Board of Pharmacy office immediately.
- Any change in ownership or location of a Certified Pharmacy requires a new application be filed with the Board of Pharmacy.
- Each application for a Certified Pharmacy must designate the class of license being applied for. The definitions for each class of license can be found in 8.40.702, ARM.
- It is unlawful for a medical practitioner to own, directly or indirectly, a community pharmacy.

#### **TECHNICIAN UTILIZATION PLAN**

- Any Certified Pharmacy choosing to utilize a pharmacy technician must apply for a Technician Utilization Plan license.

- All application must be accompanied by a written plan for training and daily procedures for a pharmacy technician.
- All pharmacists responsible for supervision of the pharmacy technician must sign the application.

### **REGISTERED INTERN PHARMACIST**

- To register as an intern, the applicant must be currently enrolled in an ACPE (American Council of Pharmaceutical Education) school of pharmacy.
- Applicants must register as an intern to practice pharmacy if not a registered pharmacist licensed in Montana.
- After taking the NAPLEX as an intern, applicants must complete all requirements for a registered pharmacist license within six months.

### **WHOLESALE DRUG DISTRIBUTOR**

- This license is required of any entity engaged in the manufacturing, wholesale distribution, or selling of drugs, medicines, chemicals, or poisons for medicinal purposes other than to the consuming public or patient in the State of Montana.
- For wholesalers within the State of Montana, each location is required to obtain a license.
- For wholesalers outside the State of Montana, only the primary location of each entity is required to obtain a license.

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**Application for Pharmacist Examination**

**Type of Examination:**

- ☐ **MPJE - \$15.00**  
☐ **NAPLEX - \$25.00**

1. FULL NAME \_\_\_\_\_  
Last First Middle
2. OTHER NAME(S) KNOWN BY \_\_\_\_\_
3. BUSINESS NAME: \_\_\_\_\_
4. BUSINESS ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip Country
5. HOME ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip Country
- PREFERRED MAILING ADDRESS: ☐ Business ☐ Home E-MAIL ADDRESS \_\_\_\_\_
6. TELEPHONE \_\_\_\_ (\_\_\_\_) \_\_\_\_ (\_\_\_\_) \_\_\_\_ (\_\_\_\_) \_\_\_\_  
Business Home Fax
7. SOCIAL SECURITY NUMBER \_\_\_\_\_ FOREIGN ID NUMBER \_\_\_\_\_
8. DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
City/State ☐ MALE ☐ FEMALE
9. LICENSE NAME \_\_\_\_\_  
(State your name as it should appear on the license if granted.)

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

10. Do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. ☐ Yes ☐ No
11. Have you ever taken the licensure examination in Montana or any other state? If yes, give state, date, and results. ☐ Yes ☐ No
12. Have you ever been denied the right to take this profession's licensing examination in any state? If yes, attach a detailed explanation. ☐ Yes ☐ No

13. List all professional/occupational licenses, registrations, or certificates granted to you.

State/Province/Territory	License Number	Date Issued	Current	Type of License

14. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?  
If yes, attach a detailed explanation. ☐ Yes ☐ No
15. Has your license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation. ☐ Yes ☐ No
16. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?  
If yes, attach a detailed explanation. ☐ Yes ☐ No
17. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No
18. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No
19. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16<sup>th</sup> birthday. If yes, attach a detailed explanation. ☐ Yes ☐ No
20. Have you ever been charged with fraud, formally or informally, in any civil proceeding?  
If yes, attach a detailed explanation. ☐ Yes ☐ No
21. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No
22. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

I authorize the release of information concerning my competence to practice, by anyone who might possess such information, to the Montana licensing board.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Dated

Subscribed and sworn to by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
For the State of

\_\_\_\_\_  
Commission expires

(SEAL)

**This form only needs to be completed in applying to take the NAPLEX.**

## **CERTIFICATE OF PHARMACY EDUCATION**

(The applicant must forward this form to pharmacy school for certification of applicant's pharmacy degree)

It is hereby certified that \_\_\_\_\_ attended the \_\_\_\_\_ school  
Of pharmacy from \_\_\_\_\_ to \_\_\_\_\_ and graduated on \_\_\_\_\_ with a degree of  
Baccalaureate or Doctorate (circle one) in Pharmacy.

(SEAL OF SCHOOL)

President, Dean or Registrar Signature \_\_\_\_\_

Date Certified \_\_\_\_\_